Roundtables

A Publication of the Kentucky Department for Community Based Services

May 2011



Frankfort...We have a Connection!

Ahh...Permanence. Permanent. Permanently. Forever. <u>Always</u>. To children in care, those last two words are the *real* music to the ears. This goal, the core of the Roundtable efforts, can be an elusive one for many children in custody. Child welfare advocates know all too well that staying in one place with stable caregivers provides the best chance for success for any child.

But permanence is not just a stable *place*; it is a state of mind. It is *believing* that each child has a right to find that connection to another somebody in their life that will walk with them on the journey of growing up and becoming an adult. **What, then, is** <u>your</u> working definition of permanence?

Recalling Sue Badeau's (Casey Family Programs) words of wisdom, the youth definition of permanence might very well include the feeling that there is someone in the middle of the night who will answer their *collect* telephone call or *miss them* when they do not show up.

Having a caring parenting relationship with at least one adult is essential for permanence, but it goes deeper. To achieve permanence, the child has to believe it, too. The child needs to believe at a gut level that the adult(s) in their life is there to stay...forever, permanently. Having a parent (or two) who gives their unconditional commitment, their lifelong support and involvement and a real sense of belonging is the foundation that creates a sense of intimacy and belonging. Kids want to refer to "my mom" or "my dad" and have those people refer to them as "my son" or "my daughter." It may seem simple but those words are *possessive* in nature; they imply a real personal connection to another human being.







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Success Stories

Focuses on Success: Trying What We Have Tried Before

Donna* is a 4 year-old girl diagnosed with a rare genetic disorder that is characterized by excessive physical growth during the first two to three years of life, with accompanying delays in cognitive, social and motor development. Her father also has the syndrome. Prior to the Roundtable meeting, Dad had some work to do on his sobriety.

Donna's permanency goal was changed to include placement away from her father after a thorough assessment. While very disappointed, Dad believed that his daughter belonged with him and his worker continued to be a big support. After the Roundtable meeting where Donna's case was explored, Dad received referral information that connected him to a national support group for disorder he and Donna have. But the belief of Donna's treatment team that father and daughter should be reunified was the best ending that Dad could have imagined.

With the energy of a supportive Team behind him and with the support and continued presence

of his worker, Donna's father continued to work his Case Plan. This past December, Dad experienced the first of many successes: the Judge awarded him unsupervised visits with Donna and by February, Donna was returned to Dad's care!

Regional staff used the 5 Key Questions for Successful Permanency Planning and tried something that was tried before. Dad had been an option that was not supported by some treatment recommendations. But Dad was not written off as an option; his caseworker tried to work with him as a permanency option again. Dad was instead supported and encouraged through his case plan and by his worker to be the father that he absolutely could be ... and he became just that.

Focuses on Success: Engaging the Youth in Planning for Permanence

Alexandria* was removed from her father's care in November 2008 after substantiated neglect and physical abuse was determined. Her sister was also taken into care at that time after their father's substance abuse took over his ability to parent his two girls.

When emergency custody orders were filed and the girls were placed with their mom's relatives, Alexandria revealed additional abuse. This was the beginning of a nine-placement journey for Alexandria that kept her apart from her family until this past January, 2011. Alexandria's relatives did not believe her allegations and were not capable of being protective, given

her allegation.

5 Key Questions for Successful **Permanency Planning:**

- What will it take?
- What can we try that HAS been tried before?
- What can we try that has NEVER been tried?
- How many things can we do concurrently?
- How can we engage the youth in planning?

Staffing Alexandria's case at the Roundtable allowed her caseworker to explore the options available to Alexandria. Using the Five Key Questions, Alexandria's worker began engaging the

youth in planning for permanency. By communicating the need for Alexandria to understand that her actions had consequences that affected everyone and not just Alexandria, she began to put together that she had a pretty big role in her future and where this future would occur.

With a team around Ashley considering all the permanency options that were available for her, service region staff did not give up on this child. They kept as their No. 1 question, "What will it take to get Ashley to permanency?" It may not have been the first time that Ashley was asked about her role in her future, but by trying again, and again if needed, this region experienced the success it hoped would occur, Alexandria was returned to her father's care after stepping up and taking responsibility for her case plan ... another child permanently connected!

*Names have been changed to protect confidentiality.

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Progress Report

Kentucky Roundtables – March 2011

Phase I -

- Permanency Achieved for 37 children out of 30 of cases
- 135 Cases with new connections established
- 174 Cases with new services begun

Phase II - Spring

- Permanency Achieved for 23 children out of 19 of cases
- 52 Cases with new connections established
- 148 Cases with new services begun

Phase III - Fall

- Permanency Achieved for 17 children out of 10 of cases
- 42 Cases with new connections established
- 52 Cases with new services begun

Important Upcoming Dates

June 9 Two Rivers Roundtable
June 16 Northeastern Roundtable
June 23 The Lakes Roundtable

Resources

- Having trouble with the **Michelle P. Waiver**? Troubled by any of the following questions: What is it? How do I use it? Which of my folks is eligible? Is it hard to complete? How long does it take to get approval? No worries! You have consultants at your fingertips! **Dawn Slye** and **Toya Nicholson** are your experts and are ready to help you sift through the criteria. Toya can be reached at (502)564-6852, ext. 546 (toya.nicholson@ky.gov). Dawn can be reached at (502) 564-7043, ext. 4449 (dawn.slye@ky.gov).
- Did you know that April was Child Abuse Prevention Month in Kentucky? The month of April is devoted to
 celebrating everything we can do to transform our communities into places that care about and actively
 support families and children. The following are some of the resources available to you in your region:
 - ♣ Prevent Child Abuse Kentucky. This statewide child abuse prevention organization hosts a multitude of events, trainings and information. Annually the organization uses their display of "Pinwheels for Prevention" at each event signifying the number of substantiations (children abused and/or neglected) in each county. Follow the link to explore the many activities to enhance Kentucky's prevention of child abuse efforts. [www.pcak.org]
 - ♣ The Kentucky Association of Children's Advocacy Centers. KACAC is a statewide coalition of the 15 designated regional Children's Advocacy Centers. KACAC serves as a network of service providers who share expertise, resources, and support. The mission of KACAC is to promote, assist and support the development, growth, and continuation of Children's Advocacy Centers in Kentucky. The Children's Advocacy Centers (CACs) which comprise KACAC provide direct services to child victims of sexual abuse, offering a full array of services to promote healing and recovery. Additionally, the CACs incorporate a multidisciplinary approach within their communities to ensure a comprehensive approach to sexual abuse. KACAC does not provide direct services, but works to support the efforts of the individual CACs and their multidisciplinary teams at a statewide level. [www.kacac.org]